(Rev. 477)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

05-241

UNITED STATES DISTRICT COURT DISTRICT OF DELAWARE

EMAN	Juel Redden					
(Enter above t	he full name of the plaintiff in this action)					
Corre	Ctional Officer Diez	APR 2 5 2005 U.S. DISTRICT COURT DISTRICT OF DELAWARE				
Enter above	the full name of the defendant(s) in this action					
I. Previo	ious lawsuits					
A.	Have you begun other lawsuits in state or federal of same facts involved in this action or otherwise relaYES [] NO []					
B.	If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).					
	1. Parties to this previous lawsuit					
	Plaintiffs EVVIANUE Red C	ten				
	Defendants WArdEN KEAVI OUKES, GO WAIKE	vey Sergeral				

Court (if federal court, name the district; if state court, name the county) 2. 3. Docket number Name of judge to whom case was assigned 4. 5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) Approximate date of filing lawsuit Pend ING 6. Approximate date of disposition 7. Is there a prisoner grievance procedure in this institution? Yes [| No [] Π. A. Did you present the facts relating to your complaint in the state prisoner B. grievance procedure? Yes [/ No [] C. If your answer is YES, What steps did you take? I FIED A OVIEVANCE 2. D. If your answer is NO, explain why not If there is no prison grievance procedure in the institution, did you complain to E. prison authorities? Yes [] No [] F. If your answer is YES, What steps did you take? 1. What was the result? 2.

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III.	Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A Name of Plaintiff Emanuel Redden

Address Delaware Correctional Center, Smyrna, De
19977

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B.	Defendant	OFFICER	(2316	is employed as Covrech-
	Ioual	Officer	_at _	Sussey	congational Inst.
C	Additional	Defendants		Georget	IMP, De. 19947

C. Additional Defendants

IV. Statement of Claim

(State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

On the night of August 78, 2004, while sitting

At A cord table - Go Diez struck me on

the right side of my neck intentionally,

with his right forearm as he was walking

pass me. I reported the Assault to his
supervisor sergent Biles - 40 Diez just language

And wolked Away

Relief ٧.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

like the court to grant me 10.000.00

Signed this Z rd day of April 2005

I declare under penalty of perjury that the foregoing is true and correct.



Clerk U. S. District Court J. Caleb Boggs Federal Building Lock Box 18

844 N. King Street Wilmington, Delaware 19801

DELAWARE CORRECTIONAL CENTER SBI# 092507 UNIT 8HC SMYRNA, DELAWARE 19977 IM Emigrue | Redden 1181 PADDOCK ROAD